



calgary health region

PAYMENT REQUISITION

RECEIVED 06 02 2008

Instructions:

A Payment Requisition is the only authorized document on which a department may request payments to be made outside of established Purchasing policies. **ORIGINAL DOCUMENTS MUST BE ATTACHED**

Date May 27, 2008	Requested By (Please Print) Lynn Redford	
Site SPT	Department Office of the CEO	Phone # (in full) 943-0559

MAKE PAYMENT TO:	If Employee - provide their employee number in this space.
MAILING ADDRESS (cheque payment only) Canada Post: _____ s.17(1), 17(4)(g)(i) City _____ Province _____ Postal Code _____ Interoffice Mail: Department _____ Office of the CEO _____ Site: _____ SPT _____	

SPECIAL HANDLING INSTRUCTIONS	
Purpose of Request	

CODING & AUTHORIZATION					
FINANCIAL CODE					
ORG	FUNCTIONAL CENTRE	ACCOUNT	AMOUNT	DESCRIPTION	
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0 0	4.76	Coffee - June Lam	
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0 0	4.19	Coffee - Jane Johnson	
0 1	7 1 1 0 5 0 0 0 0 0 1	6 9 6 0 0 0 0 0 0	37.29	Breakfast - Bob Holmes & MLA Calgary Elbow	

CAPITAL PROJECT CODING					
PROJECT	TASK	EXPENSE TYPE	EXPENSE ORG.	AMOUNT	DESCRIPTION
					41.24R
					500.00

TOTAL AMOUNT OF PAYMENT:	\$46.24	<input type="checkbox"/> CDN <input type="checkbox"/> US <input type="checkbox"/> Other
Expenditure Officer Authorization	Print Name <u>Mark Kastner</u>	
Authorizer's Employee Number	Expenditure Authorizer Phone # (in full) <u>943-0639</u>	

For Finance Use Only: s.17(1), 17(4)(g)(i)	
Accounting Officer Authorization	Print Name _____
Accounting Officer's Employee Number	Accounting Authorizer Phone # (in full) _____

Comments:
